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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Guinea-Bissau
Support for a comprehensive population programme

Proposed UNFPA assistance:	$3.8 million, of which $2.6 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $1.2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1993
Executing agencies:	Government of Guinea-Bissau United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Finance and Economic Planning

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93-15396

Guinea-Bissau

Demographic facts

Population (000)	
Total	964
Males	474
Females	490
Sex ratio (/100 females)	96.7
Urban	191
Rural	772
Per cent urban	19.9
Population in year 2000 (000)	1,192
Functional age groups (%)	
Young child: 0-4	16.5
Child: 5-14	24.4
Youth: 15-24	17.8
Elderly: 60+	6.6
65+	4.1
Percentage of women aged 15-49	45.7
Median age (years)	19.8
Dependency ratios: total	82.1
(/100) Aged 0-14	74.5
Aged 65+	7.5
Agricultural population density (/hectare of arable land)	2.5
Population density (/sq. km.)	27

Average annual change (000)	
Population increase	22
Births	43
Deaths	22
Net migration	1
Annual population total (% growth)	2.14
Urban	4.36
Rural	1.55
Crude birth rate (/1000)	42.7
Crude death rate (/1000)	21.3
Net migration rate (/1000)	..
Total fertility rate (/woman)	5.79
Contraceptive prevalence rate (% 15-44)	..
Gross reproduction rate (/woman)	2.85
Net reproduction rate (/woman)	1.89
Infant mortality rate (/1000)	140
Maternal mortality rate (/100,000)	914
Life expectancy at birth (years)	
Males	41.9
Females	45.1
Both sexes	43.5
GNP per capita (U.S. dollars, 1991)	180

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1992. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Development of the United Nations, World Population Prospects: 1992. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $3.8 million, of which $2.6 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1993, to assist the Government of Guinea-Bissau in achieving its population and development objectives. UNFPA would seek to provide the balance of $1.2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme is based on the recommendations of a programming mission undertaken jointly by UNFPA and the Government of Guinea-Bissau in early 1992 and on lessons learnt from the execution of UNFPA's first comprehensive programme, from 1987 to 1990, which was extended to 1992. The mission provided the Government with an opportunity for an in-depth examination of interactions between the country's population and development needs. The programme takes into account the strategy for UNFPA assistance in sub-Saharan Africa (set forth in document DP/1987/37) and the Fund's implementation strategy to deal with issues concerning women, population and development (document DP/1987/38).

3. The proposed second programme aims to reduce the excessively high rates of maternal and infant mortality. To do so, the strategy, defined jointly with the Government, consists of: (a) strengthening and expanding the integrated family planning programme of the Government by promoting family planning both in and outside health facilities; (b) sensitizing the population in general and leaders in particular and bringing about changes in attitudes to population and family planning issues; (c) improving knowledge about the Guinean population situation, movements and trends; (d) providing a coherent framework for all population activities through support for the preparation of a population policy; and (e) strengthening the capacity of relevant organizations and groups to ensure that the interrelationships between women, population and development are understood and taken into account in programming activities.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14(d)); that respect for human life is basic to all human societies (para. 14(e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14(f)).

II. BACKGROUND

5. Demographic trends. According to the preliminary results of the 1991 population census, the total population of Guinea-Bissau was estimated at 983,367 distributed over a territory of 36,125 square kilometres, yielding a population density of 27.2 inhabitants per square kilometre. (See the demographic fact sheet on p. 2 for United Nations estimates.) Fertility is relatively high at 5.8 children per woman, which is in part the result of the early average age at first pregnancy. Owing to a very high infant mortality rate, 140 per 1,000 live births, the level of general mortality is one of the highest in Africa, with a crude death rate estimated at 21.3 per 1,000. Life expectancy at birth is estimated at 41.9 years for men and 45.1 years for women. Maternal mortality is very high at an estimated 914 maternal deaths per 100,000 live births (1989-1990). The rate of natural increase is estimated at 2.3 per cent per year for the period 1979-1991, but this does not include migration rates, for which there are no data. The rate is lower than that of many African countries because

of the country's very high mortality levels. The population is expected to reach 1.2 million by the year 2000. The urban population is increasing rapidly, reaching 20.1 per cent of the total population in 1991. Most of the urban population is concentrated in the capital of Bissau.

6. Economic and social factors. When Guinea-Bissau gained Independence in September 1973, it was confronted with the difficulties of reconstructing a national economy and infrastructure that had been destroyed during the long years of struggle for national liberation. The country's economic difficulties heightened during its transition from a Marxist economy to a liberal market system, which began in 1983. As a result, measures to stabilize the economy had to be initiated in 1986 with the support of the World Bank and the International Monetary Fund. The resulting structural adjustment programme constrained efforts to address the country's social and health problems, including the precarious living conditions of the majority of the population, especially children and pregnant women. The country lacks skilled human resources and continues to suffer from such external factors as unfavourable terms of trade, declines in the prices of principal commodities and high debt-service payments.

7. Nearly 80 per cent of the economically active population is engaged in agriculture, an area recognized as having considerable potential for growth. In realizing this potential, however, Guinea-Bissau must take into account the country's fragile ecological balance, which is already being threatened by deforestation and desertification in the country's eastern regions and by deforestation and bush fires in the north. The resulting drought conditions are having adverse effects on agriculture and on the living conditions of rural inhabitants.

8. The country's economic problems have led to low levels of investment in education and a resulting poor quality of educational materials and infrastructure. The literacy rate is low (30 per cent overall and 17 per cent for females), as is the school enrolment rate (54.8 per cent). This is particularly true for girls, only 30 per cent of whom between the ages of 7 and 10 attended school in 1988-1989. Parents prefer to keep girls at home for traditional and economic reasons. For these same reasons, the drop-out rate for female students increases with age. As a result, the literacy rate among women of child-bearing age is especially low, estimated at 4 per cent. Few students go beyond primary school (the country has only 11 secondary schools), and the 4.2 per cent secondary-school attendance rate is one of the lowest in the region. Moreover, there are very few opportunities for technical and vocational training, although a newly established technical training institute may help to remedy this. The situation is improving, however, with assistance from UNDP and the Swedish International Development Authority (SIDA). Among the positive developments are the efforts being undertaken under the aegis of the National Institute for Educational Development (INDE) to embark on a process of educational reform.

9. Health factors. The overall health situation in the country is affected by the current economic and financial crisis as well as the measures that have been taken within the framework of the structural adjustment programme. Moreover, traditional medicine plays an important role in the social life of the population, and, in general, traditional practices are still prevalent and even on the increase. Many of these, including excision, early marriage and early pregnancy, adversely affect the health of women and children.

10. An epidemiological study on maternal mortality, carried out in 1990, revealed that complications of pregnancy and delivery contribute significantly to the very high rate of maternal mortality. The study identified early, late, high-parity and unspaced pregnancies as the most common risk factors. Use of modern medicine, even if it is provided free of charge, has not yet become part of normal practice. Traditional medicine is preferred even if it must be paid for. Prenatal consultations are infrequent for cultural and economic reasons.

11. HIV infection is estimated to be at least 2.8 per cent of the total population, and the prevalence of other sexually transmitted diseases (STDs) is also a source of concern. However, the health statistics system is deficient, and data in these areas are generally considered to be unreliable. The national AIDS programme began in 1987 and has included an AIDS-awareness component to combat its spread. The Centre of Communication and Production of Teaching Materials for Health, which was created in 1991, has been instrumental in implementing the IEC programme to fight AIDS.

12. The functioning of the health system is constrained by the fact that 80 per cent of the population lives in small, scattered and inaccessible villages. The country's health system is organized into 634 village-level Basic Health Units (BHUs), which are managed by the villages themselves and supervised by 116 health centres. Each health centre is run by Ministry of Health staff. The BHUs and health centres provide basic health care, including selected family planning services. At the regional level there are four hospitals, 11 well-equipped health centres capable of providing integrated family planning services with the exception of sterilization, and two MCH/FP referral centres that also provide integrated family planning services with the exception of sterilization. Finally, one of the two national hospitals in Bissau has a maternity unit, although its equipment is old and inadequate. Bissau also has an MCH/FP referral centre that directs and supervises all family planning activities in the country and handles the management and distribution of contraceptives and medical equipment related to family planning activities.

13. Attitudes towards family planning. The Government gives priority to the MCH/FP programme, although it has not yet adopted a national family planning policy. While, in principle, family planning services are to be fully integrated into the MCH services in all health structures, such integration has taken place in only 11 sites. Knowledge of family planning methods is quite low, particularly in rural areas. Results of a 1990 demographic and health survey indicate that, at the national level, 16 per cent of the women interviewed knew of at least one modern contraceptive method. Breast-feeding is widely practised, and when effectively combined with the tradition of sexual abstinence during lactation, leads to a two-year birth interval. These patterns are gradually changing, and the period of abstinence has also been linked to the fairly high prevalence of STDs and HIV infection.

14. The intra-uterine device (IUD) is currently the most widely used modern method of contraception, followed by the pill. The BHUs, as well as private pharmacies, distribute condoms. Family planning services are, in principle, accessible to everyone. In practice, however, medical personnel reckon that to obtain such services women should be over 18 years and, if married, obtain their husbands' authorization. There is no law concerning contraception. The Catholic Church openly and actively supports family life education activities and has initiated a movement to promote natural methods of contraception through counselling in the health centres of Catholic missions. The contraceptive prevalence rate is estimated at between 5 per cent and 12 per cent in urban areas and less than 1 per cent in rural areas.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

15. UNFPA has been providing financial assistance to Guinea-Bissau since 1976 with support for MCH activities. In 1987, the first UNFPA-supported programme was approved by the Governing Council, for a four-year period (1987-1990) in the amount of $2.1 million. The objective of the first programme was to strengthen national institutional capacity in formulating a population policy to meet the socio-economic and cultural situation of the country. The priorities of the first programme were to organize and conduct the second population census; to strengthen MCH/FP activities, mainly through the training of medical personnel; to improve the health infrastructure; and to establish a family life education programme. The programme also

provided training for national staff in demography and helped strengthen the capacity of the national organization for women through training in family health.

16. Several significant developments took place during the period of the first programme, for example, the Government became increasingly aware of the importance of taking population factors (population size, trends and movements) into account in its development planning process. This led it to concentrate on data collection activities as a means of obtaining the baseline data needed for decision-making. The high infant and maternal mortality rates revealed by these activities started the Government thinking about adopting a national family planning policy that would provide a coherent framework to donors furnishing assistance for family planning activities. The first programme had to be extended to the end of 1992 due to its slow rate of implementation. Among the problems encountered were the scarcity of trained personnel, the limited understanding of the interactions between population and development, and a very low institutional capacity to implement population activities. In addition, execution of the first programme suffered from delays in the release of multi-bilateral funds for census operations.

Maternal and child health and family planning

17. UNFPA's assistance to the MCH/FP sector dates back to 1976. The first country programme aimed at strengthening MCH/FP services, including the construction of an MCH/FP referral centre in Gabu, a relatively remote rural area in the eastern part of the country. During the early 1980s, the Government gave very little attention to family planning per se, insisting instead that family planning activities should be integrated into MCH services. UNFPA assistance included long- and short-term training of medical personnel, the purchase of medical equipment and strengthening the management capability of the Ministry of Public Health at the central level. In 1988, however, the national authorities expressed their concern over the low level of coverage of family planning services. As a result, the on-going MCH/FP programme was reformulated with the aim of improving the quality of family planning within MCH services

18. The long-term training component of the programme was considerably delayed by the complicated and lengthy administrative procedures for fellowships at WHO. Eventually, 10 doctors, one nutritionist and one manager participated in short-term training programmes in Portugal, Mauritius and Belgium. A December 1991 follow-up visit of trainees from the Portugal programme revealed that personnel who had been trained were seldom given the opportunity to use their newly acquired skills. In the absence of clearly defined objectives, a detailed working plan and agreement on the organization and sharing of responsibilities in managing and executing the programme, the impact of UNFPA assistance in the field of MCH/FP activities has been limited.

Information, education and communication

19. In 1988 a programme to introduce family life education into the formal education system was formulated with the assistance of UNESCO and approved by UNFPA in the amount of $300,000. The long-term objective was to introduce elements of family life education into the country's primary- and secondary-school curricula. The project, which was delayed for one year, has now gathered momentum with the completion of the training of the national team and the recruitment of the United Nations Volunteer in 1991. The approach is to first integrate components of family life education into pertinent subjects at the primary-school level, then expand such integration to the secondary level, after a review and assessment of the curriculum. The implementation of this programme occurs at a propitious time since the Government is

currently reviewing and is reorganizing the educational system with support from UNDP and the Swedish International Development Association (SIDA).

Data collection and analysis

20. UNFPA provided assistance for Guinea-Bissau's second population census. This required a large proportion of total UNFPA expended resources in the country, particularly from 1990 to 1992. The Government gave top priority to this operation, although resources from multi-bilateral sources were received much later than anticipated. Initially planned for 1990, the field operations finally took place towards the end of 1991. The Government was able to release preliminary results by April 1992, reflecting the importance it attached to the situation. The data entry and verification started immediately afterwards, and the publication of the results was planned for early 1993 in spite of difficulties with data processing operations. Although the data have not yet been evaluated, the general opinion is that the 1991 census was conducted capably at all stages. The census questionnaire made possible the collection of important data for an indirect knowledge of mortality and fertility. However, it is still necessary that these data be further analysed. Moreover, the little information that is available has barely been disseminated. UNFPA and the Government of the Netherlands provided a total amount of $1.3 million to help finance personnel costs, training in data processing, computer equipment, vehicles and office equipment, maintenance and printing costs.

Population policy formulation

21. Guinea-Bissau does not yet have an explicit population policy, although it has declared that it is prepared to consider the possibility of preparing, discussing and adopting one. To date, the only direct contribution to policy formulation has been support for the training of one national demographer. UNFPA also contributed to the funding of a 1990 seminar on "Population and Development" under the aegis of the Ministry of Planning and Cooperation and drawing on the technical assistance of the Centre d'études et de recherche sur la population pour le développement (CERPOD), which brought together the officials of various ministerial departments. The seminar recommended the creation of a population unit that would be responsible for preparing a population policy and ensuring that population variables are taken into account in development planning. There has been a significant development in the understanding of population problems on the part of national authorities in Guinea-Bissau.

Women, population and development

22. In cooperation with UNDP and UNIFEM, UNFPA has provided assistance to efforts to improve the status of women in Guinea-Bissau to facilitate their integration into the development process. Specific activities have focused on improving the health of rural women and children, disseminating information on the advantages of MCH/FP and fostering the economic independence of women. UNFPA contributed towards the construction costs of a training centre for animators recruited by the Ministère de la Promotion Féminine: 16 have already been trained and assigned to the field; a second group is undergoing a two-year training programme consisting of health, family planning, management, and other skills. UNIFEM's support for this project has enabled the Ministry to establish three centres.

Other external assistance

23. Several United Nations organizations are active in Guinea-Bissau, primarily in the health area. For example, UNICEF is providing $7.4 million in assistance within the framework of its 1989-1993 programme,

mainly to help strengthen the primary health care system. Among the aims of this assistance are to expand the enhanced programme of immunization (EPI) and the national essential drugs programme, improve water and sanitation, and establish a social communication system in rural areas. WHO assists the Ministry of Health in coordinating donor support to the health sector and provides support for the national AIDS programme, EPI, the essential drugs programme and the national university's School of Medicine. WHO also participates in health education activities. The World Food Programme (WFP) provides support to selected health training and nutritional centres, and UNDP is supporting a project to involve some 400 women in market-gardening activities in 14 villages around the city of Bissau. The activities are intended to generate income as well as improve the quality of food available to the family. The World Bank is currently preparing a project that will focus on training and IEC activities in the health and education sectors, complementing its $4.7 million in assistance during 1988-1992 to help the Government improve the management capacities of the Ministry of Health at both the central level and the level of the regional health teams.

24. Numerous bilateral donors and NGOs have also been active in Guinea-Bissau, again mostly in the health sector. The United States Agency for International Development (USAID) provided approximately $500,000 in assistance during 1985-1990 to support training in the health area, as well as to provide contraceptive supplies. The European Community, SIDA, Denmark, Italy, the Netherlands, and the Holy See have all provided support for programmes in the health sector, including those seeking to control the spread of AIDS, rehabilitate and equip health centres and provide food aid. In addition, France and Portugal have assisted the country in creating television centres and establishing a civil registration system. The Association Guinéenne pour le Bien-être familial (AGUIBEF), the national affiliate of IPPF, has been in operation since 1990, and Radda Barnen, the Swedish NGO, has provided some $3.1 million to construct and equip a new MCH/FP centre in Bissau. It is also providing technical and logistical support to the centre.

IV. PROPOSED PROGRAMME 1993-1997

25. The proposed UNFPA programme of assistance is based on the findings and recommendations of the programming mission that visited Guinea-Bissau in early 1992. The mission recommended, in consultation with the Government, that Guinea-Bissau should formulate a population programme whose long-term goal would be to help establish a balance between population growth, economic resources, natural resources and the environment. The programme's medium-term objective would be to reduce maternal and infant mortality. The strategy devised to achieve this goal was defined jointly by UNFPA and the Government. It serves as the framework of the UNFPA programme and is outlined in paragraph 3 above. It takes into account the socio-cultural context and current problems of the country and places emphasis on two key sectors -- MCH/FP and IEC, both of which are described in some detail below.

Maternal and child health and family planning

26. UNFPA assistance to the MCH/FP sector aims at contributing to the reduction of maternal and infant mortality by attaining a contraceptive prevalence rate (CPR) of 15 per cent in urban areas and 7 per cent in rural areas by the end of 1997. UNFPA would concentrate on improving the quality of and access to family planning services in areas where population density is the highest. This would be done by strengthening government family planning services, extending such services to rural areas and promoting the use of national and international NGOs to provide family planning services outside the national primary health-care system.

27. UNFPA assistance would focus on constructing, renovating and equipping government family planning centres. The aim would be to increase the number of such centres from 11 in 1992 to 18 in 1997; to renovate

and rehabilitate existing centres (with the assistance of SIDA); and to equip all centres so that they can offer a full range of family planning services except surgical methods, which would be provided in one of the two central hospitals in Bissau and in three regional hospitals. UNFPA would continue to supply contraceptives, as well as explore with UNICEF and WHO the possibility of using the distribution network of the essential drugs programme to distribute contraceptives. The Fund would also make use of basic health aides and traditional birth attendants (TBAs) to distribute mon-medical contraceptives in rural areas.

28. It is envisaged that UNFPA would collaborate with UNICEF in setting up a simple statistical system to help in monitoring family planning activities. The Fund would also provide support to examine acceptor files at different MCH/FP centres in order to prepare estimates on the current contraceptive use in the country. Finally, two knowledge, attitudes, practice (KAP) surveys (one at the beginning and one at the end of the programme) would be carried out with technical support from The Population Council.

29. A comprehensive referral system would be set up and a sensitization programme on the availability of services carried out. UNFPA would help organize appropriate training in family planning techniques and assist in integrating it into the curricula of all training institutes for health personnel. Such training would include a component to increase awareness among all levels of health personnel of traditional practices that are harmful to the health of women and children, including excision and early marriage, among others.

30. In order to supplement the efforts of the Government and to increase the accessibility of services, UNFPA would provide support to appropriate NGOs as well. For example, assistance would be given to AGUIBEF to open branches in densely populated areas in order to promote family planning there. UNFPA would also support the activities of NGOs providing family planning services in workplaces and recreational centres, particularly for men. Finally, NGOs operating at the community level will be supported for the social marketing and distribution of contraceptives through the basic health units.

31. UNFPA would provide assistance in the area of MCH/FP in the amount of $1.6 million, of which $500,000 would be sought from other sources, including multi-bilateral sources. This amount includes a contribution of $500,000 from other donors such as SIDA, the World Bank, UNICEF and France that have demonstrated interest in supporting family planning activities.

Information, education and communication

32. In view of the very low level of literacy and the strong influence of traditional cultural values on behaviours and perceptions, particularly regarding health care, family dynamics and human reproduction, the proposed UNFPA programme would place considerable emphasis on IEC activities. The objective of such activities would be to help the population in general and national leaders in particular understand and accept family planning as an integral component of effective mother and child health care and of the welfare of the family and of the nation. UNFPA would support a multisectoral, multi-media approach, making use of the national radio network, which already broadcasts a number of educational programmes and covers 80 per cent of the national territory, and television, which covers most of the country and broadcasts for four hours a day. Such an approach would also stress interpersonal and traditional methods of communication. Since there is no dominant written or official language, information and education materials would be translated, to the extent possible and appropriate, into the vernacular languages of the various ethnic groups.

33. Mass media campaigns would be used to address a wide range of issues in addition to family planning, such as the health and status of women, including traditional practices that are harmful to the health of

mothers and children; the prevention of sexually transmitted diseases (STDs), including AIDS; and the urgent need to protect the environment. The first such campaign would be organized in 1993 to combat the practice of excision of young girls. It is hoped that the campaign would yield some methodological approaches that could be used in organizing other campaigns aimed at changing attitudes and behaviours towards family life and reproduction.

34. UNFPA would provide support for the preparation of a national IEC population programme by the Inter-ministerial Coordinating Committee for IEC under the direction of the Social Communication Unit, which has been designated as the coordinating body for all IEC activities in the social sector. This unit, which is already supported by UNICEF, would be strengthened by UNFPA to enable it to extend its IEC activities to rural areas and to broaden the scope of its activities. A study of traditional methods of family planning would be carried out and the results fed into the IEC programme.

35. The proposed programme would also provide support for: (a) the production, by the Social Communication Unit in collaboration with the World Bank, of educational material for use by all categories of field staff of various ministries and NGOs involved in IEC and other population activities; (b) the training of community agents who would act as IEC front-line workers to create demand for family planning at the village level; and (c) the strengthening of the capacity of selected NGOs to integrate population IEC activities into their programmes. In this connection, UNFPA would, inter alia, work closely with NGOs promoting natural methods of family planning and the Islamic Organization of Guinea-Bissau to sensitize the public as to how the teachings of Islam relate to population issues. In the formal education system, UNFPA would continue to assist the Government in integrating family life education into the curricula of primary schools. A review of secondary-school curricula would be undertaken during the programme period, and the new curricula designed to generalize the teaching of family life education would be tested. Collaboration with SIDA will be sought in printing of the revised curricula. UNFPA would provide a total of $1.05 million for population IEC activities, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

36. The objective for UNFPA assistance in the area of data collection and analysis would be to improve knowledge and understanding of the country's population structure and trends. At present, data related to population structure and movement are rare or nonexistent. An important element would be publication and dissemination of the results of the 1991 census. During the course of the proposed programme, UNFPA would support the preparation and implementation of a census analysis plan. Use of national expertise would be encouraged, and close collaboration between the newly created National Institute of Studies and Research and the National Institute of Statistics and Censuses would be fostered. UNFPA would assist in the preparation and implementation of a research programme on various population-related problems. The programme would be defined on the basis of available data, such as those of the maternity unit of the Simon Mendes Hospital in Bissau, in order to undertake an in-depth analysis of the determinants of maternal, neo-natal and infant mortality. Limited support would be given to improve the civil registration system in urban areas once the Government has enacted legislation to make the declaration of births, deaths and marriages mandatory.

37. UNFPA assistance for data collection and analysis would amount to $400,000, of which $150,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

38. Under the proposed programme, UNFPA would assist Guinea-Bissau in preparing an outline of a population policy adapted to the context and realities of the country and, following its adoption, in publicizing the policy and preparing the plan of action for its implementation. Concurrently, UNFPA would support the training of government personnel in the fundamentals of demography and of the interrelationship of population and development in order to assist the Secretariat of State of Planning, attached to the Ministry of Planning and International Cooperation in including population variables in its development planning. Conscious of the usefulness of the elaboration of a population policy, the Government has already drafted a proposal to create a population unit within the Secretariat. UNFPA would provide $250,000 for this sector, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

39. One of the main objectives of the UNFPA programme would be to help strengthen national efforts to integrate women into all aspects of the development process. This would be done through support to the Ministry for the Promotion of Women, whose mandate is to design a national strategy to ensure that women are taken into account in all activities undertaken by other ministerial departments. However, the Ministry was only recently established, and its technical capacity is still weak and the resources at its disposal very limited. UNFPA would, therefore, provide assistance to strengthen the Ministry's capacity to consolidate training programmes in family health for rural female extension workers, produce and distribute appropriate educational materials, and promote Safe Motherhood, including providing information on harmful traditional practices. UNFPA would also finance the training of the community workers of the Ministry in such areas as family planning, hygiene, nutrition, and Safe Motherhood. The UNFPA programme would support IEC activities to improve awareness of family planning and family life education and provide audio-visual equipment and training materials to women's educational and economic groups. UNFPA would seek to collaborate with UNDP in this area. An amount of $400,000 has been earmarked for this sector, of which $250,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

40. An amount of $100,000 has been set aside as a reserve to cover unforseen activities that may be developed within the context of the proposed programme.

Programme coordination

41. Presently, the coordination of international donor assistance to Guinea-Bissau is the responsibility of the Ministry of Planning and International Cooperation, which is also responsible for coordinating the population programme. As recommended by the PRSD mission, an inter-ministerial body will be set up to serve as the focal point for all population activities in the country and particularly in the preparation of the population policy. Its secretariat will be located in the Ministry of Planning and Cooperation. The Joint Consultative Group on Policy (JCGP) will facilitate the coordination of the activities of the agencies and organizations of the United Nations system.

42. MCH/FP activities have a separate coordinating committee, which was set up in March 1991 under the aegis of the Ministry of Health and with the active collaboration of WHO. Another committee was set up that same year specifically to follow up on the implementation of the recommendations of the World's

Children's Summit. It is chaired by the Minster of Planning and Cooperation. The various sectoral ministries concerned as well as the donors involved in maternal and child health belong to this coordinating structure. Population IEC activities will be coordinated by the Inter-ministerial Coordinating Committee for IEC, under the direction of the Social Communication Unit.

Programme monitoring, evaluation and management

43. The UNFPA programme would be monitored and evaluated in accordance with standard UNFPA guidelines, which require, among other things, a mid-term and final review, as well as tripartite reviews of individual activities. All activities would also have built-in monitoring and evaluation components to monitor implementation at regular intervals and to assess the results and contributions of various activities to the achievement of the programme's overall goals.

44. The UNFPA Representative in Bissau would be responsible for the follow-up, evaluation and management of the programme. He would be supported in these tasks by the UNFPA Country Director resident in Dakar. UNFPA would also make full use of available and appropriate national and regional technical backstopping capacities, complemented by the UNFPA Country Support Team located in Dakar. UNFPA would seek to develop the management capability of local staff and to promote national execution of projects through management training and training in UNFPA administrative and financial procedures.

Financial summary

45. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $3.8 million over the five-year period 1993-1997, of which $2.6 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $1.2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The breakdown by programme area is as follows:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	1,100,000	500,000	1,600,000
Information, education and communication	850,000	200,000	1,050,000
Data collection and analysis	250,000	150,000	400,000
Population policy formulation	150,000	100,000	250,000
Women, population and development	150,000	250,000	400,000
Programme reserve	100,000	--	100,000
TOTAL	2,600,000	1,200,000	3,800,000

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V. RECOMMENDATION

46. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Guinea-Bissau in the amount of $3.8 million for the five-year period 1993-1997;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $2.6 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to seek to provide the balance of $1.2 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Guinea-Bissau and with the executing agencies.